

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼**

Example: If typing, type over the lines.

12FE4M5

DARIA NOVAK FOR CONGRESS

ADDRESS (number and street)

51 HAMMONASSETT MEADOWS ROAD



Check if different than previously reported. (ACC)

MADISON

CT

06443

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00589713

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

STATE ▼ DISTRICT

CT

05

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y
05 / 09 / 2016

in the State of

CT

(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y
04 / 01 / 2016

through

M M / D D / Y Y Y Y
04 / 19 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Nowell, J Kenneth, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Nowell, J Kenneth, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y
10 / 25 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office
Use
Only**FEC FORM 3**
(Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 2 / 10

Write or Type Committee Name

DARIA NOVAK FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	9		2	0	1	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	2302.62	12459.38
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	2302.62	12459.38
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	514.71	9723.45
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	514.71	9723.45
8. Cash on Hand at Close of Reporting Period (from Line 27).....	3852.73	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	1116.80	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

PAGE 3 / 10

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

DARIA NOVAK FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	9		2	0	1	6

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:**(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

800.00

3950.00

(ii) Unitemized.....

1015.00

6002.00

(iii) TOTAL of contributions from individuals ▶

1815.00

9952.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

727.00

(d) The Candidate.....

487.62

1780.38

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

2302.62

12459.38

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

0.00

1116.80

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

1116.80

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

2302.62

13576.18

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	514.71	9723.45
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	514.71	9723.45

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	2064.82
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	2302.62
25. SUBTOTAL (add Line 23 and Line 24).....	4367.44
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	514.71
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	3852.73

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 5 OF 10

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DARIA NOVAK FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Belding, Maxwell, Merrick, ,			Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 15 / 2016	
Mailing Address 30 Bokum Road Unit 308			Transaction ID : SA11AI.4431	
City Essex	State CT	Zip Code 06426	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer None		Occupation Retired		
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Convention		Election Cycle-to-Date ▼ 300.00		
B. Full Name (Last, First, Middle Initial) Collins, Ellen, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 14 / 2016	
Mailing Address 14 Randi Drive			Transaction ID : SA11AI.4409	
City Madison	State CT	Zip Code 06443	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer Self		Occupation Activist		
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Convention		Election Cycle-to-Date ▼ 250.00		
C. Full Name (Last, First, Middle Initial) Kelsey, J David, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 06 / 2016	
Mailing Address 2 Huntley Rd			Transaction ID : SA11AI.4406	
City Old Lyme	State CT	Zip Code 06371	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer Hamilton Point Investments		Occupation Investment Manager		
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Convention		Election Cycle-to-Date ▼ 250.00		
SUBTOTAL of Receipts This Page (optional)..... ▶			700.00	
TOTAL This Period (last page this line number only)..... ▶				

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 10

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
12	13a	13b	14
			15

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NAME OF COMMITTEE (In Full)

DARIA NOVAK FOR CONGRESS

Full Name (Last, First, Middle Initial)

Nowell, J Kenneth, , ,**A.**

Mailing Address 97 Hickory Road

City

Torrington

State

CT

Zip Code

06790

FEC ID number of contributing
federal political committee.

C

Name of Employer

Theroux, Nowell Stoughton LLC

Occupation

CPA

Receipt For: 2016

☐

Primary

☐

General

☒

Other (specify) ▼

Convention

Election Cycle-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 19 / 2016

Transaction ID : SA11AI.4405

Amount of Each Receipt this Period

100.00

☐

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

100.00

TOTAL This Period (last page this line number only)..... ▶

800.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 10

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

DARIA NOVAK FOR CONGRESS

Full Name (Last, First, Middle Initial)

NOVAK, DARIA, IRENE, ,**A.**

Mailing Address 51 HAMMONASSETT MEADOWS ROAD

City

MADISON

State

CT

Zip Code

06443

FEC ID number of contributing
federal political committee.**C**

H0CT02140

Name of Employer

ERUdyne

Occupation

Founder

Receipt For: 2016

☐

Primary

☐

General

☒

Other (specify) ▼

Convention

Election Cycle-to-Date ▼

2897.18

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 19 2016

Transaction ID : SA11D.4437

Amount of Each Receipt this Period

487.62

☐ Memo Item

In-kind - Mileage

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶

487.62

TOTAL This Period (last page this line number only)..... ▶

487.62

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 10

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

DARIA NOVAK FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. NOVAK, DARIA, IRENE, ,

Mailing Address 51 HAMMONASSETT MEADOWS ROAD

City
MADISONState
CTZip Code
06443Purpose of Disbursement
In-kind - Mileage

002

Candidate Name

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼ Convention

State: CT

District: 05

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		19		2016

FEC Identification Number

C H0CT02140

Amount of Each Disbursement this Period

487.62

Transaction ID : SB17.4438

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

487.62

TOTAL This Period (last page this line number only).....▶

487.62

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 9 OF 10

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4134

DARIA NOVAK FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

NOVAK, DARIA, IRENE, ,

☐ Memo Item

Election: 2016

☐ Primary☐ General☒ Other (specify) ▼
Convention

Mailing Address

51 HAMMONASSETT MEADOWS ROAD

City

MADISON

State

CT

ZIP Code

06443

☒ Personal Funds of the Candidate

Original Amount of Loan

25.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 10 M /

D 09 D /

Y 2015 Y

M M /

D D /

Y None Y

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional).....▶

25.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 10 OF 10

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4387

DARIA NOVAK FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

NOVAK, DARIA, IRENE, ,

Election: 2016

☐ Primary☐ General☒ Other (specify) ▼
Convention

Mailing Address

51 HAMMONASSETT MEADOWS ROAD

City

MADISON

State

CT

ZIP Code

06443

☐ Personal Funds of the Candidate

Original Amount of Loan

1091.80

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1091.80

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 03 M /

D 31 D /

Y 2016 Y

M M /

D D /

Y 12/31/2016 Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

1091.80

TOTALS This Period (last page in this line only).....▶

1116.80

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.